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# CALIFORNIA STATE BOARD OF HEALTH

## Weekly Bulletin

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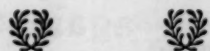
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GUY P. JONES  
EDITOR

### Stage Set for Annual Health Officers Conference.

By the time this bulletin reaches its readers the health officers of California will be assembled at Stanford University, Palo Alto, for the purpose of discussing the most important and conspicuous health problems of the day. The sessions will last from Tuesday noon to Thursday night and every minute of the time will be devoted to enthusiastic discussions of the problems that most deeply concern the various communities of the state. When the health officers and public health nurses return from this conference they will be full of enthusiasm and will be better able to administer and fulfill the duties that fall upon them in their daily community work.



### Counties Appropriate Funds for Full-Time Health Departments

Monterey, San Luis Obispo and Riverside counties have each appropriated \$5,000 for the establishment of full-time health departments in their respective counties. San Joaquin County has about completed plans for the establishment of such a department.

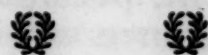
The interest and activity manifested by boards of supervisors in these counties speaks well for the success of the full-time health department plan in this state. The final organization of departments in these counties will be completed soon and then California will have an opportunity

of providing demonstrations to show what a well-organized full-time county health department may be able to accomplish in promoting and conserving the health of its people.



### Rabies Quarantine Placed on Mono

A quarantine against dogs in Mono County was established September 12th by the State Board of Health. This action became necessary because of the presence of rabies in the southern part of the county. A similar quarantine was recently placed upon Inyo County because of the prevalence of rabies there. On September 11th a quarantine against dogs was placed upon the city of Glendale at the request of the city health officer.



### Successful Hospital Conference at Pasadena

An epoch in hospital administration was marked in the Second Annual Conference of the Hospitals of California, held under the auspices of the League for the Conservation of Public Health, September 5th to 8th, at Hotel Maryland, Pasadena. A large and exceedingly interested audience, representing about seventy hospitals of the state, and including members of boards of directors of hospitals, superintendents, hospital architects, hospital accountants, attorneys, physicians, nurses, physio-therapists, dietitians, and other workers in hos-



pitals was present throughout the entire conference.

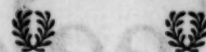
The program was admirably arranged from the standpoint of construction and continuity. The discussion ranged through the purposes of hospitals, their financing, construction, equipping, furnishing, administration, installation of departments; the medical staff, the nursing service, the cost accounting system; covering, in fact, all points concerned in good hospital service.

Intense interest was shown throughout each session, morning and afternoon, and followed on into luncheon, dinner and evening parleys in the hotel lobby. The papers and discussions kept very closely to the League slogan: "Better hospitals—better service." Surely no more sincere group of people working in the interest of public welfare has ever assembled in California.

There were many nurses present, and each day a large round table was reserved in the dining room at which, during lunch, nursing topics were discussed. The first day Mrs. R. I. Wark, Superintendent of Nurses of the Good Samaritan Hospital, Los Angeles, presided, and introduced the topic: "Relation of Theory to Practice Work at the Bedside." The second day Miss Gould Joninon, Director of Surgical Nursing, San Francisco Hospital, and who represented the hospital at the conference, presided, taking as her topic: "Training of Nurses in Surgical Work." The discussion during these sessions was interesting and valuable. On Thursday evening a dinner was given under the auspices of the State League of Nursing Education, with Miss Lina L. Davis, President, presiding. Members of the conference were invited to participate in this, and a number were present who are interested in the advance of nursing education. The speakers of the evening were: Mrs. Robert Burdette, who spoke on "The Relation and Responsibilities of the Board of Directors and the Training School Committee to the School of Nursing"; Dr. Charles E. Lockwood, who spoke on "The School of Nursing a Separate Institution; Endowment of Schools of Nursing"; Dr. W. E. Musgrave, who spoke on "Nursing Education."

It was without any doubt a remarkable conference and the program could well have occupied another week, judging from the enthusiasm

manifested and eagerness to obtain all the light possible on the problems involved in hospital administration.



### Psychopathic Hospitals Would Save State Money

Public health authorities in California have, for years, watched the population in state hospitals for the mentally diseased increase each month until, at the present time, no less than 13,000 individuals are inmates of such institutions. This means that these 13,000 persons are housed, fed, clothed and provided with nursing and medical attendance at the expense of the taxpayers. This means that the state is supporting and providing hospital care for a unit of population that is larger than the 1920 census populations of either Eureka, Santa Cruz, Glendale or Venice. In spite of these facts, practically nothing is being done to decrease the number of admissions to state hospitals and the expenses for the maintenance are mounting higher and higher each year. As a matter of economy only, to say nothing of the humanitarian side of the case, psychopathic hospitals should be established in the large centers of population. Dr. Robert Louis Richards sets forth very clearly the reasons why such hospitals should be established in the following article reprinted from the *San Francisco Chronicle*:

"Psychopathic hospitals are a vital necessity in California, as in other states, for humanitarian, sociological, educational and financial reasons, as well as public safety. Most of the murders committed by the insane, the horrible crimes against children—to say nothing of the countless minor offenses—are manifestly not committed by the insane in mental hospitals. However, lack of space prevents the consideration in this article of anything but financial aspects.

"In the year 1920 California spent about \$3,000,000 for 10,000 mentally sick. Recent newspaper statements of an increase of 480 patients would add \$144,000 to this. This estimate does not include depreciation of buildings and equipment, interest on investment, or the value of farm products, which are figured only in the cost of production, the amount of this expenditure is constantly increasing, and it is good business to see if in any way the increase can



be stopped. Since the per capita cost in California is one-fourth that of general hospitals and less than the per capita cost in many states, it is manifest that we must reduce the number of patients by decreasing the admissions to and increasing the discharges from state hospitals, which can be done by early diagnosis and treatment in psychopathic hospitals and out clinics. At present, by law, California can care for only those who are legally public nuisances and for those who come voluntarily. (Only 7 per cent come voluntarily.)

"To reduce the number of patients there are several methods already successfully used in other states, and these can be used in California. We must have psychopathic hospitals in the centers of population for the study and treatment of acute mental conditions, and as many outpatient clinics and wards as possible for the treatment before admission to and after discharge from state hospitals. The histories of patients now in state hospitals show usually abnormal mental personalities, psychoneuroses and finally psychoses. These patients should have been treated earlier, when, in many notable instances, they could have been cured and become valuable members of the community instead of chronic invalids in state hospitals. Psychopathic hospital records show that only 20 per cent to 40 per cent of those treated are sent to state hospitals for further treatment.

"There are cases in the state hospitals that could be discharged if we had in the communities the care and treatment of psychopathic hospitals and proper supervision. This is done in New York and Massachusetts and in some European countries, but in no instance without proper care and supervision. California can save a large amount in this way.

"It is estimated that California loses \$2,000,000 each year because of retarded pupils. It is now known that this is a problem of studying the individual's mentality and not simply of mental testing. Psychopathic hospitals are necessary for the proper solution of this problem.

"Social problems, drug addiction, criminality, are essentially problems of individual mentality and can never be efficiently approached without the means furnished by psychopathic hos-

pitals. Their financial costs to the communities are admittedly enormous. Can we then afford to be without psychopathic hospitals? Shall we continue indefinitely to increase our state hospital expenses? Shall we lose \$2,000,000 annually in our schools and make no effort to avoid this loss and restore these pupils to their proper educational status? Shall we simply remove the social offender, the drug addict, the criminal from our sight and not study the reasons for their existence? Or shall we use good business judgment—stop the waste, increase our production and insure against unavoidable catastrophes?"



### Federal Positions Open to Nurses and Dietitians.

The United States Veterans' Bureau needs dietitians, graduate nurses, rehabilitation assistants, reconstruction aides and assistants in physiotherapy and occupational therapy, men and women, for service in rehabilitation of disabled veterans.

Rehabilitation assistants act as representatives of the Veterans' Bureau in the administration of the laws relating to the rehabilitation of disabled veterans; the inspection of training facilities and courses of training; the supervision of both institutional and placement training, etc.

Reconstruction aides and assistants (physiotherapy) administer treatment such as massage, electrotherapy, hydrotherapy, mechanotherapy, thermotherapy; active, passive, restive and assistive exercises, and remedial gymnastics, etc.

Reconstruction aides and assistants (occupational therapy) give instruction in arts and crafts.

Applications for these positions will be received by the United States Civil Service Commission until further notice. Applicants will be rated upon their general and special education and their training and experience in the line of work for which they make application.

For full information regarding salaries, requirements, and conditions of employment, and for application blanks, address, stating kind of work desired, the United States Civil Service Commission, Washington, D. C., or the Secretary of the U. S. Civil Service Board at the post office or custom house in any city.



## MORBIDITY

## Smallpox.

Only three cases of smallpox were reported last week, two from Los Angeles and one from Santa Clara.

## Typhoid Fever.

Fifteen cases of typhoid fever were reported last week, the distribution being as follows: Banning 1, Ferndale 1, Grass Valley 1, Lodi 1, Los Angeles 3, Madera 1, Oakland 2, Petaluma 1, Porterville 1, San Francisco 1, and Tulare County 2.

## Cerebrospinal Meningitis.

One case of this disease was reported from Inyo County.

## Epidemic Encephalitis.

Visalia reported one case of epidemic encephalitis.

## Leprosy.

Five cases of leprosy were reported last week, from the following localities: Alameda County 1, King City 1, Los Angeles 1, Monterey County 1, and San Joaquin County 1.

## Glanders.

Santa Clara County reported one case of glanders last week.

## LIST OF DISEASES REPORTABLE BY LAW.

ANTHRAX	MEASLES
BERI-BERI	MUMPS
BOTULISM	OPHTHALMIA NEONATORUM
CEREBROSPINAL MENINGITIS (Epidemic)	PARATYPHOID FEVER
CHICKENPOX	PELLAGRA
CHOLERA, ASIATIC	PLAGUE
DENGUE	PNEUMONIA
DIPHTHERIA	POLIOMYELITIS
DYSENTERY	RABIES
ENCEPHALITIS (Epidemic)	ROCKY MOUNTAIN SPOTTED (or Tick) FEVER
ERYSIPELAS	SCARLET FEVER
FLUKES	SMALLPOX
FOOD POISONING	SYPHILIS*
GERMAN MEASLES	TETANUS
GLANDERS	TRACHOMA
GONOCOCCUS INFECTION*	TUBERCULOSIS
HOOKWORM	TYPHOID FEVER
INFLUENZA	TYPHUS FEVER
JAUNDICE, INFECTIOUS	WHOOPING COUGH
LEPROSY	YELLOW FEVER
MALARIA	

\*Reported by office number. Name and address not required.

## QUARANTINABLE DISEASES.

CEREBROSPINAL MENINGITIS (Epidemic)	POLIOMYELITIS
CHOLERA, ASIATIC	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID FEVER
LEPROSY	TYPHUS FEVER
PLAGUE	YELLOW FEVER

Section 16. Public Health Act. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined, and nature of the disease, if known.

## COMMUNICABLE DISEASE REPORT.

Disease	1922				1921			
	Week ending			Reports for week ending Sept. 9 received by Sept. 12	Week ending			Reports for week ending Sept. 10 received by Sept. 14
	Aug. 19	Aug. 26	Sept. 2		Aug. 20	Aug. 27	Sept. 3	
Anthrax	0	0	2	0	0	0	0	0
Cerebrospinal Meningitis	3	2	1	1	6	1	3	3
Chickenpox	13	18	28	20	16	23	25	20
Diphtheria	100	95	86	71	132	121	109	112
Dysentery (Bacillary)	2	0	9	2	0	2	6	3
Epidemic Encephalitis	1	2	1	1	6	5	6	0
Glanders	0	0	0	1	0	0	0	0
Gonorrhoea	75	86	110	132	66	74	123	65
Influenza	6	5	10	2	12	12	4	13
Leprosy	0	0	0	5	0	0	0	0
Malaria	3	12	6	8	2	5	16	9
Measles	9	12	8	5	6	7	4	7
Mumps	12	9	14	11	30	36	41	25
Pneumonia	29	40	63	40	74	29	44	33
Poliomyelitis	0	0	0	3	4	8	14	9
Scarlet Fever	32	30	40	31	33	46	42	33
Smallpox	15	22	29	3	25	30	33	26
Syphilis	100	86	94	129	107	66	134	67
Tuberculosis	143	94	127	163	106	139	150	112
Typhoid Fever	28	26	19	15	42	30	33	32
Whooping Cough	59	47	34	54	17	53	32	37
	631	586	681	697	684	687	819	606